

Please type a plus (+) sign in this box →



## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration  
Submitted  
with Initial  
Filing

OR

☐ Declaration  
Submitted  
after Initial  
Filing

Attorney Docket Number

YAS12031-US

First Named Inventor

Papas, Andreas M.

### COMPLETE IF KNOWN

Application Number

Filing Date

20 March 2004

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AQUEOUS EMULSIONS OF LIPOPHILE SOLUBILIZED WITH VITAMIN E TPGS AND LINOLEIC ACID

(Title of Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) or § 365 (b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes No	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States Provisional Application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional Provisional application numbers are listed on a supplemental priority data sheet attached hereto.

Please type a plus (+) sign in this box →



## DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Susan F. Johnston	39,870		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet attached hereto

Direct all correspondence to:

Name	Susan F. Johnston				
Address	Susan F. Johnston, Attorney at Law				
Address	P.O. Box 4449				
City	Johnson City	State	Tennessee	ZIP	37602
Country	USA	Telephone	(423) 926-4546	Fax	(423) 461-3118

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Name of Sole or First Inventor** ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Andreas M.	Papas

Inventor's Signature Andreas M. Papas Date 3/16/04

Residence: City Kingsport	State Tennessee	Country USA	Citizenship USA
------------------------------	--------------------	----------------	--------------------

Post Office Address

5744 Chestnut Hills Drive			
City Kingsport	State TN	ZIP 37664	Country USA

☒ Additional inventors are being named on the supplemental Inventor(s) sheet(s) attached hereto.

2

Please type a plus (+) sign in this box →



DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Konstantinos A.		Papas	
Inventor's Signature <u>Konstantinos A. Papas</u> Date <u>3/16/04</u>			
Residence: City Jonesborough	State Tennessee	Country USA	Citizenship USA
Post Office Address 181 Frank Lowe Road			
City Jonesborough	State Tennessee	ZIP 37659	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Howard K.		Hobbs	
Inventor's Signature <u>Howard K. Hobbs</u> Date <u>3-17-04</u>			
Residence: City Kingsport	State Tennessee	Country USA	Citizenship USA
Post Office Address 300 Deneen Lane			
City Kingsport	State Tennessee	ZIP 37660	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Warren		Hopkins	
Inventor's Signature <u>Warren Hopkins</u> Date <u>3-17-04</u>			
Residence: City Kingsport	State Tennessee	Country USA	Citizenship USA
Post Office Address P.O. Box 564			
City Kingsport	State Tennessee	ZIP 37662	Country USA

Please type a plus (+) sign in this box →



<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
William A.		Clark	
Inventor's Signature <u>William A. M</u> Date <u>3/16/04</u>			
Residence: City Johnson City	State Tennessee	Country USA	Citizenship USA
Post Office Address 3901 Marable Lane			
City Johnson City	State Tennessee	ZIP 37601	Country USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature _____ Date _____			
Residence: City	State	Country	Citizenship
Post Office Address			
City	State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature _____ Date _____			
Residence: City	State	Country	Citizenship
Post Office Address			
City	State	ZIP	Country